

**CLAIM INQUIRY FORM – BACKGROUND ACTORS – NEW YORK**

Screen Actors Guild – New York  
 360 Madison Ave., 12<sup>th</sup> Floor, New York, New York 10017  
 Phone: 212-944-1030  
 Fax: 212-944-6774  
 www.sag.org



<b>INTAKE BY:</b>	Date of (Circle One) Call / Letter / Visit:
<b>Classification:</b> <input type="checkbox"/> Background Actor (other than Commercials) <input type="checkbox"/> Commercials Extra <input type="checkbox"/> Commercials Hand Model <input type="checkbox"/> Other (Specify: _____)	<b>Production Type:</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> PSA <input type="checkbox"/> Infomercial <input type="checkbox"/> Theatrical <input type="checkbox"/> Television <input type="checkbox"/> Promo <input type="checkbox"/> New Media
<b>Engagement:</b> <input type="checkbox"/> One Day <input type="checkbox"/> Days Beyond One: _____	

<b>PERFORMER:</b>	Agent/Contact #:
Address:	
Home Phone:	Cell:
Email:	
Social Security #:	Member #:

<b>SIGNATORY:</b>	Production Company:
Product:	Payroll Co:
Title:	Commercial ISCI/Episode #:
Session/Employment Date:	Casting Director, Producer, etc.:

Previous contact made in connection with claim? By whom? With whom? Please describe.

**DESCRIPTION OF CLAIM:** (If upgrade, please accurately describe what you're wearing and the scene you appear in)

<b>FOR OFFICE USE ONLY:</b>	
Claim #: _____ Oracle #: _____ Issue: _____	
Assigned to:	
Signatory Number:	Production Number:
Signatory Contact:	Production Contact:
Signatory Phone Number:	Production Phone Number:
Signatory Email/Fax#:	Production Email/Fax#:
Signatory Address:	Production Address: